



STATE OF FLORIDA	
BUREAU of VITAL STATISTICS	
CERTIFICATION OF DEATH	
STATE FILE NUMBER: 2023101206	DATE ISSUED: JUNE 14, 2023
DECEDENT INFORMATION	DATE FILED: JUNE 13, 2023
NAME: JOHN PAUL UTSICK	
DATE OF DEATH: JUNE 8, 2023	SEX: MALE SSN: [REDACTED] AGE: 080 YEARS
DATE OF BIRTH: [REDACTED]	BIRTHPLACE: NESQUEHONING, PENNSYLVANIA, UNITED STATES
PLACE OF DEATH: NURSING HOME	
FACILITY NAME OR STREET ADDRESS: LOURDES-NOREEN MCKEEN RESIDENCE FOR GERIATRIC CARE	
LOCATION OF DEATH: WEST PALM BEACH, PALM BEACH COUNTY, 33401	
RESIDENCE: 15 SOUTH PALMWAY, APT. 9, LAKE WORTH, FLORIDA 33460, UNITED STATES COUNTY: PALM BEACH	
OCCUPATION, INDUSTRY: CONCERT PROMOTER/PILOT, CONCERTS/AIRLINE	
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE EVER IN U.S. ARMED FORCES? NO	
HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN	
RACE: WHITE	
SURVIVING SPOUSE / PARENT NAME INFORMATION	
(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)	
MARITAL STATUS: DIVORCED	
SURVIVING SPOUSE NAME: NONE	
FATHER'S/PARENT'S NAME: SAMUEL UTSICK	
MOTHER'S/PARENT'S NAME: MARION FOX	
INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION	
INFORMANT'S NAME: TANYA UTSICK	
RELATIONSHIP TO DECEDENT: DAUGHTER	
INFORMANT'S ADDRESS: 239 MIDDLE ROAD, FALMOUTH, MAINE 04105, UNITED STATES	
FUNERAL DIRECTOR/LICENSE NUMBER: ANTHONY MEDORO, F042494	
FUNERAL FACILITY: TILLMAN FUNERAL HOME & CREMATORY - WEST PALM BEACH F040552	
2170 SOUTH MILITARY TRAIL, WEST PALM BEACH, FLORIDA 33415	
METHOD OF DISPOSITION: CREMATION	
PLACE OF DISPOSITION: TILLMAN FUNERAL HOME & CREMATORY	
WEST PALM BEACH, FLORIDA	
CERTIFIER INFORMATION	
TYPE OF CERTIFIER: CERTIFYING PHYSICIAN	MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE
TIME OF DEATH (24 HOUR): 1710	DATE CERTIFIED: JUNE 9, 2023
CERTIFIER'S NAME: RICHARD STEPHEN LEVENE, DO	
CERTIFIER'S LICENSE NUMBER: Q55792	
NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT APPLICABLE	
CAUSE OF DEATH AND INJURY INFORMATION	
MANNER OF DEATH: NATURAL	
CAUSE OF DEATH - PART I - AND APPROXIMATE INTERVAL: ONSET TO DEATH	
a. METASTATIC LUNG CANCER	
b.	
c.	
d.	
PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.	
AUTOPSY PERFORMED? NO	
AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?	
DATE OF SURGERY:	
DID TOBACCO USE CONTRIBUTE TO DEATH? NO	
REASON FOR SURGERY:	
PREGNANCY INFORMATION: NOT APPLICABLE	
DATE OF INJURY: NOT APPLICABLE	
TIME OF INJURY (24 HOUR):	
INJURY AT WORK?	
LOCATION OF INJURY:	
DESCRIBE HOW INJURY OCCURRED:	
PLACE OF INJURY:	
IF TRANSPORTATION INJURY, STATUS OF DECEDENT:	
TYPE OF VEHICLE:	
 , STATE REGISTRAR	
REQ: 2025360965	
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DH FORM 1947 (03-13)	
CERTIFICATION OF VITAL RECORD	